State Form 4606 (R9 /11-99) Indiana Election Commission (IC 3-9-5-14)

Approved by State Board of Accounts 1999

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes Who

(CFA-4) Summary Sheet

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TOTAL PAGES IN ENTIRE CFA-4 REPORT

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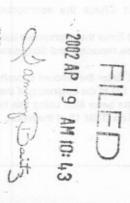
COMMITMEE INFO	RMATION		
1. Full name of committee (as on Statement of Organization) Check if this is a new name of County Council	: ¿L		
2. Acronym or abbreviated name, if any	3. Committee tele		
market in a region to be lated and and the example of the analysis of bothers.	(317	1 842-392	9
4. Mailing address (address where all campaign finance correspondence is received) 12558 Highlands PLACE	Check if this is a new a	address	ers retrict to participation and statement and
5. City, state, ZIP code	6. Party affiliation	(if applicable)	
FISHERS, IN 46038	Repu	BLICAN	i beliania natamala
CANDIDATE INFORMATION (For Car	ndidate's Committe	ees Only)	
7. Full name of candidate (include any nickname)		or if independent	
JUDY R. LEVINE	Kepu	LOLICAN	And then helsting to to
9. Office sought (Include district number, if any. Not required for exploratory committee.)	10. County of res		
County Council District 2	HAMI	LTON	
TYPE OF REPORT		CONVENTION	CANDIDATES ONLY
11. Check one:		Check one:	
Pre-Primary Pre-Election Annual Final / Disbands Committee (lines 18, 19,	and 20 must be "0")	Pre-Convention	
Outgoing Treasurer (within 10 days amend Statement of Organization)		COLUMN A	COLUMN B
12. Reporting period: From: JANUARY 1, 2002 Through: APRIL 12	2002	This Period	Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	CL SECTION AT THE AT	6,976.70	
14. Cash on hand and investments January 1, current year.			6,976.70
CONTRIBUTIONS AND RECEIPTS			
(Note: these amounts include in-kind contributions and loans, as well as cash cor	ntributions.)		
15a. Itemized (use Schedule A)	_	175.00	175.00
15b. Unitemized		113.00	170700
15c. Add lines 15a, and 15b in both columns	SUBTOTAL	9151.70	7151.70
16. Add lines 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL		
(Note: These amounts include in-kind expenditures and loan repayments.)			000 / 0
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	nichteurin na nich	772.68	772.68
17b. Unitemized	Salar A Linkline	gabril teles us a blucifs is	
17c. Add lines 17a and 17b in both columns	SUBTOTAL	772.68	772.68
	columns) TOTAL	6379.02	6379.02
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both	widilis)	any district process and the said	
19. Debts OWED BY the committee (use Schedule D)	Life Chimist	C 200 00	
20. Debts OWED TO the committee (use Schedule E)	Description of the last of the	5,000.00	

CERTIFICATION	
I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT TRUE, CORRECT AND/COMPLETE.	IS
Signature on File	
WARFING: Any information contained in this report may not be copied for sale or used for any commercial purpos (IC 3-9-4-5) A person who knowingly files a fraudulent report commits a Class D Felony. (IC 3-14-1-13) A person w	

to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B Misdemeanor

(IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, 3-9-4-17, 3-9-4-18.)

FOR OFFICE USE ONLY





State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-1) CONTRIBUTIONS BY INDIVIDUALS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDMIDUALS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
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Contributor's Occupation (if required)	La miso (specify)	el yns to nolled ear coeurbude e a contribuil	Content Personal nation for all When abterior	CHOTTAGUE MORGON INTONO ORTANT:
2. Internal and parasets described brides and and and	Contributions: Direct In-Kind (describe)	SEKTO SO	RIBUTION	E OR CON
Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	PERIOR: S	DUNT THIS	ING PERCEL LIGHT B CU
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Contributor's Occupation (if required)	Other Receipts: Interest □ Loan Misc (specify)	centr, dry, and anay crops, NG cebh to acce	Ot Enter the name of the control of	beviscat estin
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	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)	CHEDULE / ns even aim s	AGES OF S	3.17t 70 to
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Contributor's Occupation (if required)	Other Receipts: ☐ Interest ☐ Loan ☐ Misc (specify)			
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-2) CONTRIBUTIONS BY CORPORATIONS Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-3) CONTRIBUTIONS BY LABOR ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-4) CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES

Itemized Contributions and Other Receipt

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from political action committees OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfersing and in-kind contributions regardless of the amount from political action committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED B
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE A-5) CONTRIBUTIONS BY OTHER ORGANIZATIONS

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY ORGANIZATIONS OTHER THAN CORPORATIONS, LABOR ORGANIZATIONS, POLITICAL ACTION COMMITTEES AND INDIVIDUALS ON THIS SCHEDULE. Please type or pint legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from other entities OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions regardless of the amount from candidate's, legislative caucus, and regular party committees MUST be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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Page	6	of	10	THE

CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE B) Itemized Expenditures

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Page	7	of	10	County

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this
schedule, see instructions on the reverse side. This schedule is used to document expenditures totaled on ITEM
17a of the Summary Sheet.All cumulative expenses paid to individuals, businesses, labor organizations and
other entities OVER \$100 per recipient, within a calendar year MUST be itemized on this schedule (over \$200,
if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political
committees (such as transfers-out from candidate, legislative caucus, political action, or regular party committees)
MUST be itemized on this schedule

RECIPIENT'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE C) ITEMIZED EXPENDITURE For Public Questions

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Page	8	of	10	BUE

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, MUST be itemized on this schedule.

Enter Text of Public Question		PUBLIC QUESTION INFORMATION	y es naimeup	elidud erši kod Venims	esia erii veta kao neod ko
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State Form 4606 (R9 / 11-99) Indiana Election Commission (IC 3-9-5-14) Approved by State Board of Accounts 1999

(CFA-4 SCHEDULE D) Debts Owed by This Committee

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INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, OWED BY the committee during the reporting period. Include all amounts owed for or to lending institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

CREDITOR'S OR LENDER'S NAME & MAILING ADDRESS (street, number, city, state, ZIP code)	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS (if any) (street, number, city, state, ZIP code)	AMOUNT NATURE OF DEBT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	BALANCE THIS
ART + JUDY LEVINE 1258 High CANDS PL FISHUS, IN 46038 LENDERS OCCUPATION: Candidate	REBS: Enter the creditor creditor or lender may is you things of value to the otherss. A dabt may be ther document showing	5,000.00 LOAN TO COMMITTEE	8-31-01	0	5,000.00
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(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE

State Form 4606 (R9 / 11-99)	
Indiana Election Commission	(IC 3-9-5-14)
Approved by State Board of A	ccounts 1999

Page	10	 10	

INSTRUCTIONS: Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this schedule, see instructions on the reverse side. List all debts, loans, regardless of amount, OWED TO the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	CO-SIGNER'S NAME AND MAILING ADDRESS(if any)	ORIGINAL AMOUNT	DATE DEBT	CUMULATIVE PAID	OUTSTANDIN BALANCE TH	
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